

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
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48		/				
49		/				
50		/				
TOTAL IND.			↓		↓	
TOTAL DEP.			↓		↓	
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52	/					
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99						
100						
TOTAL IND.		7		↓		
TOTAL DEP.		H8		↓		
TOTAL CLAIMS		55		↓		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY